



NeoProLab COURIERS – SPECIMEN TRANSPORT AUTHORIZATION FORM

Medical Specimen / Document Transfer Record HIPAA–Compliant • Temperature-Controlled Transport •
Secure Custody Tracking

Serving: Attleboro, MA • North Attleboro, MA • Seekonk, MA • Plainville, MA • Providence, RI • Pawtucket, RI

Business Address: 878 Washington St #19, Attleboro, MA 02703

Phone: 774-297-0597 • Email: info@neoprolab.com

Secure Medical Transport & PHI Handling

1. Facility / Clinic Information

Facility / Clinic Name: _____

Department: _____

Address: _____

City / State / ZIP: _____

Primary Contact: _____

Phone: _____ Email: _____

2. Authorized Specimen Types

- ☐ Blood ☐ Urine ☐ Tissue ☐ Pathology Slides ☐ Microbiology ☐ COVID/Flu Swabs
☐ Pharmacy Items ☐ Medical Documents ☐ Other: _____

3. Temperature Requirements

- ☐ Ambient ☐ Refrigerated (2–8°C) ☐ Frozen ☐ Temp-Sensitive
☐ Facility Provides Cooler ☐ Courier Provides Cooler

4. Pickup & Delivery Authorization

Pickup Location(s): _____

Delivery Location(s): _____

Authorized Hours: _____

Special Instructions: _____

5. Chain-of-Custody Acknowledgment

✓Timestamped pickup records ✓Signature verification ✓Secure handling ✓Temperature documentation (if required)

6. Authorization Signatures

Facility Representative: _____ Date: _____

Signature: _____

NeoProLab Courier Rep: _____ Date: _____

Signature: _____